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CONFIRMATION NO. 6922

<b>SERIAL NUMBER</b> 10/759,254	<b>FILING OR 371(c) DATE</b> 01/20/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> P24854	
<b>APPLICANTS</b> Silke Kohlhase, Hamburg, GERMANY; Andreas Bleckmann, Ahrensburg, GERMANY; Heidi Riedel, Hamburg, GERMANY; Stefanie Von Thaden, Hamburg, GERMANY;					
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 01 834.4 01/20/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/21/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 7055					
<b>TITLE</b> Cosmetic or dermatological formulations of improved pearlescence					
<b>FILING FEE RECEIVED</b> 1804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		